APPLICATION FOR THE REGISTRATION OF LAND FOR KEEPING BUFFALO

Regulation 20A (2) of the Animal Diseases Act (Act 35 of 1984) as published in R2358 of 1993-12-10

THIS APPLICATION HAS TO BE ACCOMPANIED BY AN OFFICIAL CERTIFICATE OF ADEQUATE ENCLOSURE ISSUED BY THE NATURE CONSERVATION AUTHORITIES AND A COPY OF A MAP SHOWING EXACT EXTENT OF LAND APPLIED FOR AND SUBMITTED TO THE NEAREST **State Veterinarian**_____ **Fax**: (____) _____

1) Owner: _____ Tel /cell no: (____) _____

2) Postal address:_____ Code: _____

3) Registered farm name(s) & number(s) & co-ordinates according to a 1:50 000 official map:

Farm name:	Farm number:	Geographical co-ordinates:
_____	_____	___° ___' ___"E ___° ___' ___"S
_____	_____	___° ___' ___"E ___° ___' ___"S
_____	_____	___° ___' ___"E ___° ___' ___"S

(Attach separate signed sheet for additional records)

4) Magisterial district: _____ Local Municipality: _____

5) Buffalo status: Disease free / Addo ☐ FMD + Corridor Disease (CD) carriers ☐ CD carrier ☐

Animal(s) known to be infected or possibly infected with: TB ☐ CA ☐

6) Type of system: Free ranging ☐ In captivity ☐ Size of farm / buffalo camp: _____ ha

7) Number of buffalo intended to keep initially: _____ Precise ☐ Estimated ☐

I, _____ (full name and surname)**, owner/manager of the above-mentioned farm(s), hereby confirm that all the information supplied by me on this application form, is to the best of my knowledge a true reflection of the land and number, origin and disease status of the buffalo intended to be kept on this/these farm(s). I also confirm that I am the legal owner of the land and/or have the legal rights over the use of the land.**

Signature of owner: _____ Date: _____

I, DR _____, STATE VETERINARIAN _____ hereby confirm that all the information supplied to me on the application form by the owner of the farm(s), is to the best of my knowledge a true reflection of the land and number, origin and disease status of the buffalo intended to be kept on the farm(s), and that the fence, if in a controlled area, is electrified to my satisfaction.

Remarks: _____

Signature of Provincial State Veterinarian: _____ Date: _____

I, DR : _____ **, HEAD / DIRECTOR OF VETERINARY SERVICES, PROVINCE:** _____ **hereby recommend the registration of the farm(s) as applied for, to keep buffalo. I confirm that sufficient resources are available to monitor the conditions on the above mentioned farm(s) on a regular basis (at least once a year), that all buffalo movements onto and off the farm(s) can be controlled appropriately, and that it will be possible to follow up irregularities promptly.**

Remarks: _____

Signature of Provincial Director: _____ Date: _____

Official National Registration no: _____ Date: _____

Signature of National State Veterinarian: _____